

HR 105 (09/15)
SystemMember _____

The Texas A&M University System Benefit Change Form

With few exceptions you have the right to request, receive, review and correct information about yourself collected using this form.

Name _____
Last (please print) First MI UIN or Social Security number

Complete items one through four, the sections for the benefits you wish to change, #15 if you are changing anything other than health and the signature section on page 4.

1. If you have a spouse/parent/child who currently works for The Texas A&M University System, please provide his/her name _____ and UIN/Social Security number _____ and check here _____ if you are transferring from his/her coverage to your own.

2. Previous name (if applicable) _____

3. New address (if applicable) _____
Street City State ZIP Code

medical dental vision or dependent life coverage
evidence of good health In general, changes
Resource office. When adding dependent,
Change Form. Contact your Human Resource

- Employee's marriage or divorce or death of employee's spouse
- Birth, adoption or death of a dependent child
- Change in employee's spouse or dependent child's employment status that affects benefit eligibility, such as leave without pay, benefit eligibility with current employer
- Child becoming ineligible for coverage due to reaching maximum age or marrying (dependent children enrolled in health coverage may be married)
- Change in the em

employee's, spouse's or a dependent child's residence that would affect

HEALTH

Office use: ED _____

- You may enroll in coverage, cancel coverage, or add/drop dependents during your initial 60-day enrollment period, during Annual Enrollment or within 60 days of experiencing a Change in Status (see pages of form). If you wish to make your health coverage effective before your employer contribution eligibility date, you will pay the full premium until you begin receiving the employer contribution. Please allow 7 business days processing time to carrier before scheduling appointments or receiving prescriptions.
- You may change health plans during your initial 60-day enrollment period or during Annual Enrollment.

PRETAX PREMIUMS

- 5 Your health/dental/vision/AD&D premiums will automatically be deducted from your pay before taxes unless you are covering non-qualifying dependents. This will increase your take-home pay. To waive this option and pay these premiums after taxes, check here: _____
- 6 I am adding coverage for myself _____. (To add dependent coverage, complete a Dependent Enrollment/Change Form.)
- 7 I wish to enroll in the following carrier _____
- 8 I understand that A&M Care healthcare coverage begins on my state contribution eligibility date. If my Human Resources office receives this form during my initial 60-day enrollment period, I want my chosen coverage to begin:
 - _____ on the first of the month after the day on which my Human Resources office receives this form
 - _____ on my employer contribution eligibility date
- 9 I am cancelling coverage for myself (if you have any covered dependents, their coverage will also be cancelled.) _____ To cancel coverage for dependents only, complete a Dependent Enrollment/Change Form.
